

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000676

AMENDED

Registration District No. 55Primary Registration District No. 3011Registrar's No. 177

STATE FILE NUMBER

FILED FEB 8 1962

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Carroll Memorial</u>		e. STREET ADDRESS (If outside, give location) <u>322 N. Sloan</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ellasynora Winn</u>		4. DATE OF DEATH Month Day Year <u>1 / 28 / 62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/23/122</u>
9. AGE (last birthday) <u>50</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Dalton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Authur Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Methel Cabble</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Winn Sr.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Floyd Winn Carrollton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Double Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Virus in influenza</u> DUE TO (b) <u>4 Wks</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Jan 1, 1962</u> to <u>Jan 28, 1962</u> and last saw her alive on <u>Jan 28, 1962</u> Death occurred at <u>7:58 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. Hamilton</u>		22b. ADDRESS <u>Dalton, Mo</u>	
22c. DATE SIGNED <u>Jan 30 / 62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>	
22e. LOCATION (City, town, or county) <u>Dalton, Missouri</u>		22f. STATE <u>Mo</u>	
23. FUNERAL DIRECTOR <u>George H. Green Fulton, Mo.</u>		24. DATE RECD. BY LOCAL REG. <u>1/31/62</u>	
25. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George H. Brown

Licensed Embalmer No. 4220

P. O. Address Quinton, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.